

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ _ IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			Page 1 of 2		
1. REQUEST NO. SRO10016Q0002		2. DATE ISSUED 02/18/2016		3. REQUISITION/PURCHASE REQUEST NO. PR5102645		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	
5a. ISSUED BY AMERICAN EMBASSY BUCHAREST 4-6 Dr. Liviu Librescu Blvd., ATTN: GSO BUCHAREST 015118		6. DELIVER BY (Date) 03/09/2016					
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				7. DELIVERY _ FOB DESTINATION _ OTHER (See Schedule)			
NAME George Stoica		TELEPHONE NUMBER 0721270119		9. DESTINATION a. NAME OF CONSIGNEE AMERICAN EMBASSY BUCHAREST			
8. TO:				b. STREET ADDRESS 4-6 Dr. Liviu Librescu Blvd., ATTN: GSO			
a. NAME N/A		b. COMPANY NOVENDOR		c. CITY BUCHAREST			
c. STREET ADDRESS				d. STATE 015118			
d. CITY		e. STATE		f. ZIP CODE		e. ZIP CODE 015118	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 03/09/2016		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.					
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO. (a)	SUPPLIES/SERVICES (b)		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
	SEE LINE ITEMS						
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)	
						d. CALENDAR DAYS NUMBER PERCENTAGE	
NOTE: Additional provisions and representations [] are [] are not attached.							
13. NAME AND ADDRESS OF QUOTER				14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER							
STREET ADDRESS				16. SIGNER			
				a. NAME (Type or print)		b. TELEPHONE	
c. COUNTY						AREA CODE	
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER		

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	*Hotel rooms for 20 participants, single rooms x4 nights (check in April 11, check out April 15) Funding Information: Total: \$0.00 ----- \$0.00	1.00	AL	\$0.00	\$0.00
2	Conference room rental x 3 days (April 12/13/14) —classroom set up for 36 participants, with sound system, audio/video equipment, LCD projection screen, 3 fixed microphones, 2 mobile microphones, wireless internet Funding Information: Total: \$0.00 ----- \$0.00	1.00	AL	\$0.00	\$0.00
3	buffet lunches for 36 persons for three days Funding Information: Total: \$0.00 ----- \$0.00	1.00	AL	\$0.00	\$0.00
4	One buffet dinner for 36 persons with seating area on April 12 at 19.00 Funding Information: Total: \$0.00 ----- \$0.00	1.00	AL	\$0.00	\$0.00
5	Coffe breaks for 36 persons - three days, twice per day Funding Information: Total: \$0.00 ----- \$0.00	1.00	AL	\$0.00	\$0.00